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CONFIRMATION NO. 7436

|  |   |                                    |   |                                      |
|--|---|------------------------------------|---|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/516,930   | <b>FILING OR 371(c) DATE</b><br>04/13/2005<br><b>RULE</b>   | <b>CLASS</b><br>428                | <b>GROUP ART UNIT</b><br>1773   | <b>ATTORNEY DOCKET NO.</b><br>26553U |
| <b>APPLICANTS</b><br>Ralph Nonninger, Saarbruecken, GERMANY;<br>Martin Schichtel, Dudweiler, GERMANY;<br>Christian Goebbert, Riegelsberg, GERMANY;   |   |                                    |   |                                      |
| <b>** CONTINUING DATA *****</b> <i>KS</i><br>This application is a 371 of PCT/EP03/05941 06/06/2003  |   |                                    |   |                                      |
| <b>** FOREIGN APPLICATIONS *****</b> <i>KS</i><br>GERMANY 102 25 324.2 06/06/2002  |   |                                    |   |                                      |
| <b>** SMALL ENTITY **</b>  |   |                                    |   |                                      |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b>   | <b>TOTAL CLAIMS</b><br>20            |
| Verified and Acknowledged<br>Examiner's Signature <i>KS</i> Initials <i>KS</i>   |   |                                    | <b>INDEPENDENT CLAIMS</b><br>1  |                                      |
| <b>ADDRESS</b><br>20529  |   |                                    |   |                                      |
| <b>TITLE</b><br>Antimicrobial polymeric coating composition  |   |                                    |   |                                      |
| <b>FILING FEE RECEIVED</b><br>540  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |